



P.O. Box 12076 Austin, Texas 78711 ♦ (877) 542-2474 ♦  
Hearing impaired: (800) 735-2988 voice ♦ www.TexasAgriculture.gov

**Texas Department of Agriculture**  
**Application for**  
**Certified Applicator License**

**SPCA-410**

Todd Staples, Commissioner

<b>SECTION A</b>	<b><sup>1</sup> TYPE OF LICENSE (PLEASE CHECK ONE)</b>	<b>TDA USE ONLY</b>	
	<input type="checkbox"/> Commercial	Client No.	Account No.
	<input type="checkbox"/> Noncommercial		
	<input type="checkbox"/> Noncommercial Political (Government or School)	Date (mm/dd/yy)	Initials
	/ /		

<b>SECTION B</b>	<b><sup>1</sup> APPLICANT INFORMATION (CLIENT AND CONTACT)</b>			
	First Name:		M.I.	Last Name:
	Social Security No. (Required†) - -		Date of Birth	
	Driver's License No.		Issuing State:	
	Physical Address (No PO Boxes)			
	City	State	Zip	Phone ( ) - Ext.
	Email Address:			
	<b>***Important Note***</b> I understand that my email address is required for the Texas Department of Agriculture to keep me informed of critical information, including licensing and regulatory updates, renewal invoices, and other important communications. Failure to provide an email address may result in my not receiving time-sensitive information that could affect my compliance with state regulations, thereby resulting in monetary penalties.			

<b>SECTION C</b>	<b><sup>1</sup> ELIGIBILITY (CHOOSE ONE OF THE FOLLOWING)</b>	
	<b>Commercial Applicator License Applicants Only</b> (check only one)	
	<input type="checkbox"/> I have at least 12 months of verifiable pest control experience out of the past 24 months and have possessed a SPCS technician license for at least 6 months. Technician License # _____; or	
	<input type="checkbox"/> I have a degree in the biological sciences from an accredited college or university (attach official transcript);	
	<input type="checkbox"/> I am not currently licensed as a technician with the SPCS but I have proof of previous employment or experience in the industry or technical field experience of at least 12 months out of the past 24 months from a previous occupation. <b>You must have the issuing licensing agency send a verification of your license to this office.</b>	
	<input type="checkbox"/> I have previously held a Certified Applicator license. _____ (License Num)	
	<input type="checkbox"/> I have held a Noncommercial Certified Applicator license with TDA for at least 24 months _____ (License Num)	
	<input type="checkbox"/> <b>Noncommercial and Noncommercial Political Only</b> ENCLOSE A COPY OF TRAINING COURSE CERTIFICATE	
<b>EXAMINATION</b>		
Once your application has been processed you will be sent correspondence from the Texas Department of Agriculture (TDA) that either requests additional documentation or acknowledges your eligibility and gives you instructions for scheduling the licensing examinations. You will not be able to schedule for the examinations until you have been declared eligible by TDA.		

Applicant Name \_\_\_\_\_

<b>SECTION D</b>	<b><sup>1</sup> EMPLOYER INFORMATION</b>			
	Business Name		TPCL Number (SPCS or TDA)	
	Physical Address		City	State      Zip Code
	Business Email Address		Business Phone (      )      -	
Will you be the Responsible Certified Applicator for this location?    Yes    No    (circle one)				

<b>SECTION E</b>	<b><sup>1</sup> SIGNATURE</b>	
	The applicant, by and through their personal or agent's signature below (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the applicant's knowledge; (2) acknowledges that any misrepresentation or false statement made by the applicant, or an authorized agent of the applicant, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended, revoked, or denied renewal due to delinquency in payment of a guaranteed student loan and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. If signed by an agent (including employee) of the applicant, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.	
	Applicant Name (print)	Title
	Applicant Signature	Date (mm/dd/yy) /           /

<b>SECTION F</b>	<b><sup>1</sup> PAYMENT</b>
	***Fee for CA license is \$108.00*** <b>This Fee is non-refundable.</b>
	Mail to: <b>Texas Department of Agriculture</b> <b>P.O. Box 12076</b> <b>Austin, TX 78711-2076</b>
	<b>LICENSE IS NOT VALID UNTIL APPROVED BY TDA.</b>

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

† A social security number is mandatory and required by Texas Family Code § 231.302 for this occupational license. Social security numbers are required to assist in child support enforcement. In the event the applicant does not have a social security number, an affidavit of no social security number (form OGC-001) must be attached and a driver license number or state-issued ID number provided. This form is available on our website [www.TexasAgriculture.gov](http://www.TexasAgriculture.gov) or by mail. Failure to provide a social security number or an affidavit of no social security number will result in rejection of your application and a license will not be issued to you.